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Bib Data Sheet

|                             |                                       |              |                        |                                    |
|-----------------------------|---------------------------------------|--------------|------------------------|------------------------------------|
| SERIAL NUMBER<br>10/695,289 | FILING DATE<br>10/28/2003<br><br>RULE | CLASS<br>623 | GROUP ART UNIT<br>3738 | ATTORNEY<br>DOCKET NO.<br>CRD-5052 |
|-----------------------------|---------------------------------------|--------------|------------------------|------------------------------------|

APPLICANTS

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\*\* CONTINUING DATA \*\*

\*\* FOREIGN APPLICATIONS \*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
 \*\* 01/28/2004

|   |                          |          |                           |                        |                       |                            |
|---|--------------------------|----------|---------------------------|------------------------|-----------------------|----------------------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br>35 USC 119 (a-d) conditions met<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance<br>Verified and Acknowledged | Examiner's Signature<br> | Initials | STATE OR<br>COUNTRY<br>FL | SHEETS<br>DRAWING<br>3 | TOTAL<br>CLAIMS<br>11 | INDEPENDENT<br>CLAIMS<br>3 |
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TITLE  
 Prosthesis support ring assembly

|                                   |   |  |
|-----------------------------------|---|--|
| FILING FEE<br><br>RECEIVED<br>770 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____ |
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